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An Oasis for New Moms

Posted by [Michelle Blau, USAID Central Asian Republics](#) on Friday, June 15th 2012

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This blog post is published in conjunction with the [Child Survival Call to Action](#), which was convened June 14-15 by the Governments of the United States, India, and Ethiopia, and is organized in close collaboration with UNICEF.

The new mothers I met at the Regional Maternity Hospital in Kyzylorda, a province in southern Kazakhstan, were as weathered as the salty desert earth all around us. Their young faces appeared determined but exhausted, hinting at the many hundreds of kilometers they had to travel to reach the hospital in time to give birth.

The newborns these mothers cradled in their arms weighed less than a handful of apples. This region historically has suffered from the country's highest newborn mortality rates. Kyzylorda suffers from many unhealthy environmental factors, like the Aral Sea pollution crisis and toxic mining, which the local doctors tell us contributes to poor health outcomes for mothers and infants. Prematurity accounts for about 37 percent of newborn deaths worldwide. Asphyxia and infections are other leading causes of newborn deaths.



Alcel, a young mother at the Kyzylorda Regional Maternity Hospital, holds her premature baby, which weighs only 1,700 grams (3.4 pounds). Credit: Michelle Blau, USAID

If these babies had been born before 2008, they would probably not be alive today. Before 2008, when USAID started helping the regional health department adopt World Health Organization (WHO) live birth criteria, these babies would not have received the life-saving interventions such as neonatal resuscitation that kept them alive in those precious hours after birth. In the four years since the Kyzylorda Oblast Health Department introduced neonatal care technology and adopted a 500 gram (1.1 pound) live birth definition, doctors here have saved around 200 babies' lives. The WHO live birth criteria state that all babies showing any signs of life, such as muscle activity, a gasp for breath, or a heartbeat should be included as a live birth and provided with interventions to keep them alive. Under the Soviet-era definition, infants who were born before 28 weeks, weighing less than 1,000 grams, or measuring less than 35 centimeters, were not counted as live births if they died within seven days.

A child born in a low-income country is 18 times more likely to die before age five than a child born in a wealthy country. In Kyzylorda in 2009, less than 4 percent of babies with extremely low birth weights survived. In 2011, almost 18 percent survived, an improvement driven in part by the region's partnership with USAID to implement neonatal care and safe motherhood practices to prevent and manage complications of low birth weight newborns. Neonatal resuscitation beds are now available in every region of Kyzylorda, all of which are supported by local hospital budgets. At resource centers, pregnant women can learn about nutrition and prepare for delivery, including learning breastfeeding techniques, how to hold the baby and how to prevent

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infections. The health department has implemented innovative telemedicine technology so remote doctors and patients can connect with more experienced doctors and hear test results without having to travel across the vast desert. The government has found private donors to support a training center and is offering incentives to attract top doctors to the region.

All of these improvements have made a difference, but it is the dedication and compassion of the local medical team, championed by Deputy Director Dr. Lyalya Aitbayevna, that are really helping to save lives of mothers and babies here in Kyzylorda. As she told us on our tour, "It is very hard for a severely premature baby to survive. We put all our energy into their life. We want our patients to trust us and feel comfortable needing us."

The doctors, midwives, and nurses care for these patients as if they are members of their own families. "We build an interpersonal connection with our patients to find out what's important to them. We start with the attitudes and feelings of the pregnant women, so we can give them the care they need," said Dr. Zhanam Shaihseamovna, the Senior Gynecologist for the perinatal care department.

Reducing infant mortality is not about numbers, it's about families. Every child saved has a face, a name, and a family. There are no statistics that can capture the pride and fear of a new mother as she swaddles her premature baby. But that baby's chance of survival has quadrupled since the USAID program began in 2008. As the region graduates from USAID maternal health assistance, the footprint of our legacy is imprinted with each child's tiny step.

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June 18, 2012 at 1:32 am

great story!

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